

[Clinic Name]

[Address Line 1]

[Address Line 2]

Phone: [Phone Number]

INVOICE

Date: _____

Invoice #: _____

Patient Information:

Name: _____

ID: _____

Practitioner:

[Practitioner Name]

License: [License Number]

| Remedy / Service Description | Potency | Qty | Unit Price | Total |
|------------------------------|---------|-----|------------|-------|
|------------------------------|---------|-----|------------|-------|

Subtotal: _____

Tax: _____

Grand Total: _____

Notes: _____

Homeopathic remedies are prepared according to HPUS standards. Thank you for your visit.